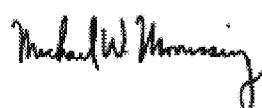


<input type="checkbox"/> <b>SUMMONS FOR WITNESS</b>		DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: <input type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> JURY <input type="checkbox"/> PROBATION VIOLATION HEARING		NAME AND ADDRESS OF COURT DIVISION Quincy District Court One Dennis F. Ryan Parkway Quincy, MA 02169		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
NAME, ADDRESS AND ZIP CODE OF DEFENDANT  Commonwealth vs.  [REDACTED]		DATE AND TIME OF APPEARANCE at  10/31/11 AT 8:45 A.M.		
NAME, ADDRESS AND ZIP CODE OF WITNESS  Kate Corbett Executive Office of Health and Human Services Department of Public Health William A. Hinton State Laboratory Institute 305 South Street Jamaica Plain, MA 02130		DATE TIME OFFENSE(S) Poss. To Dist. Class B		
<p><b>TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:</b>            You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.            NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.</p> <p><b>To the above named Witness:</b>            You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:</p> <p>Drug certification B10-09500 and lab notes regarding such drug certification. Thank you.</p>				
WITNESS:  		DATE OF ISSUE		
Michael W. Morrissey, District Attorney		January 26, 2017		
<b>RETURN OF SERVICE</b>				
I hereby certify that I served the within summons upon the above named Defendant Witness by				
<input type="checkbox"/> Delivering a copy of it personally to the defendant or witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein. <input type="checkbox"/> Mailing a copy of it to the last known address of the defendant or witness. <input type="checkbox"/> I received the summons on _____ but I was unable to make service				
DATE RECEIVED _____				
because: _____				
DATE OF SERVICE 10/21/11	SIGNATURE OF PERSON MAKING SERVICE		TITLE OF PERSON MAKING SERVICE Assistant District Attorney	